

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP			Date 09 / 18 / 2012		
Mailing Address 325 SPRINGSIDE DR			Amount 369.45		
City AKRON		State OH	Zip Code 44321		Transaction ID : SE.6040
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		Office Sought: <input type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 369.45			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP			Date 09 / 18 / 2012		
Mailing Address 325 SPRINGSIDE DR			Amount 53.70		
City AKRON		State OH	Zip Code 44321		Transaction ID : SE.6041
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		Office Sought: <input type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 53.70			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			423.15		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">SCOTT B MACKENZIE</p> <p>Signature _____ [Electronically Filed] Date 09 / 19 / 2012</p>					

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C C00524454

Check If ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

MM / DD / YYYY

Mailing Address 325 SPRINGSIDE DR

Amount

488.24

City

AKRON

State

OH

Zip Code

44321

Transaction ID : SE.6042

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004

Office Sought:

☐ House

State: AZ

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

488.24

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

MM / DD / YYYY

Mailing Address 325 SPRINGSIDE DR

Amount

223.90

City

AKRON

State

OH

Zip Code

44321

Transaction ID : SE.6043

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004

Office Sought:

☐ House

State: AR

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

223.90

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

712.14

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C C00524454

Check If ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

MM / DD / YYYY

Mailing Address 325 SPRINGSIDE DR

Amount

2856.62

City

AKRON

State

OH

Zip Code

44321

Transaction ID : SE.6044

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type

004

Office Sought:

☐ House

State: CA

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

2856.62

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

MM / DD / YYYY

Mailing Address 325 SPRINGSIDE DR

Amount

390.67

City

AKRON

State

OH

Zip Code

44321

Transaction ID : SE.6045

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type

004

Office Sought:

☐ House

State: CO

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

390.67

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

3247.29

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 4 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C C00524454

Check If ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

MM / DD / YYYY

Mailing Address 325 SPRINGSIDE DR

Amount

279.17

Transaction ID : SE.6046

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004

Office Sought:

☐ House

State: CT

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

279.17

Disbursement For: ☐ Primary☒ General

2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

MM / DD / YYYY

Mailing Address 325 SPRINGSIDE DR

Amount

70.61

Transaction ID : SE.6047

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004

Office Sought:

☐ House

State: DE

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

70.61

Disbursement For: ☐ Primary☒ General

2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

349.78

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 5 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C C00524454

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount

1514.06

Transaction ID : SE.6048

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004

Office Sought:

☐ House

State: FL

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

1514.06

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount

736.30

Transaction ID : SE.6049

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004

Office Sought:

☐ House

State: GA

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

736.30

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

2250.36

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 6 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP			Date M M / D D / Y Y Y Y Y Y 09 / 18 / 2012		
Mailing Address 325 SPRINGSIDE DR			Amount 107.57		
City AKRON		State OH	Zip Code 44321		Transaction ID : SE.6050
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		Office Sought: <input type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 107.57			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP			Date M M / D D / Y Y Y Y Y Y 09 / 18 / 2012		
Mailing Address 325 SPRINGSIDE DR			Amount 116.28		
City AKRON		State OH	Zip Code 44321		Transaction ID : SE.6051
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		Office Sought: <input type="checkbox"/> House State: ID <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 116.28			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			223.85		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 09 / 19 / 2012	

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 7 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 982.14	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6052
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: IL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 982.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 494.46	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6053
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: IN District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 494.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1476.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature

[Electronically Filed]

Date

MM / DD / YYYY
09 / 19 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 8 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 235.00	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6054
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 235.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 215.84	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6055
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: KS <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 215.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		450.84	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">SCOTT B MACKENZIE</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2012</p>			

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 9 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C

C00524454

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Mailing Address 325 SPRINGSIDE DR

City
AKRONState
OHZip Code
44321

Amount

336.56

Transaction ID : SE.6056

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004

Office Sought:

☐ House

State: KY

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

336.56

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Mailing Address 325 SPRINGSIDE DR

City
AKRONState
OHZip Code
44321

Amount

347.44

Transaction ID : SE.6057

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004

Office Sought:

☐ House

State: LA

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

347.44

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

684.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 10 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C C00524454

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount

106.44

Transaction ID : SE.6058

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004Office Sought: ☐ House State: ME
☐ Senate District: 00
☒ PresidentCheck One: ☐ Support ☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

106.44

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount

450.47

Transaction ID : SE.6059

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004Office Sought: ☐ House State: MD
☐ Senate District: 00
☒ PresidentCheck One: ☐ Support ☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

450.47

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

556.91

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 11 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C C00524454

Check If ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

MM / DD / YYYY

Mailing Address 325 SPRINGSIDE DR

Amount

520.92

City

AKRON

State

OH

Zip Code

44321

Transaction ID : SE.6060

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type

004

Office Sought:

☐ House

State: MA

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

520.92

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

MM / DD / YYYY

Mailing Address 325 SPRINGSIDE DR

Amount

761.94

City

AKRON

State

OH

Zip Code

44321

Transaction ID : SE.6061

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type

004

Office Sought:

☐ House

State: MI

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

761.94

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1282.86

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 12 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C C00524454

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount

408.83

City

AKRON

State

OH

Zip Code

44321

Transaction ID : SE.6062

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004

Office Sought:

☐ House

State: MN

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

408.83

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount

223.97

City

AKRON

State

OH

Zip Code

44321

Transaction ID : SE.6063

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004

Office Sought:

☐ House

State: MS

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

223.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

632.80

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 13 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 462.22	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6064
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: MO District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 462.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 77.98	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6065
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: MT District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 77.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	540.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature

[Electronically Filed]

Date

MM / DD / YYYY
09 / 19 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 14 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C

C00524454

Check If ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 325 SPRINGSIDE DR

Amount

138.97

City

AKRON

State

OH

Zip Code

44321

Transaction ID : SE.6066

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type

004

Office Sought:

☐ House

State: NE

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

138.97

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 325 SPRINGSIDE DR

Amount

207.01

City

AKRON

State

OH

Zip Code

44321

Transaction ID : SE.6067

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type

004

Office Sought:

☐ House

State: NV

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

207.01

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

345.98

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 15 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C

C00524454

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 325 SPRINGSIDE DR

City
AKRONState
OHZip Code
44321

Amount

104.35

Transaction ID : SE.6068

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004

Office Sought:

☐ House

State: NH

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

104.35

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 325 SPRINGSIDE DR

City
AKRONState
OHZip Code
44321

Amount

681.32

Transaction ID : SE.6069

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004

Office Sought:

☐ House

State: NJ

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

681.32

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

785.67

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 16 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 157.08	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6070
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: NM District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 157.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 1525.73	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6071
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: NY District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1525.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1682.81
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature

[Electronically Filed]

Date

MM / DD / YYYY
09 / 19 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 17 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C

C00524454

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Mailing Address 325 SPRINGSIDE DR

City

AKRON

State

OH

Zip Code

44321

Amount

740.67

Transaction ID : SE.6072

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type

004

Office Sought:

☐ House

State: NC

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

740.67

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Mailing Address 325 SPRINGSIDE DR

City

AKRON

State

OH

Zip Code

44321

Amount

53.55

Transaction ID : SE.6073

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type

004

Office Sought:

☐ House

State: ND

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

53.55

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

794.22

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 18 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 889.74	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6074
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 889.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 287.00	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6075
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OK District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 287.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1176.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature

[Electronically Filed]

Date

MM / DD / YYYY
09 / 19 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 19 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 302.36	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6076
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 302.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 1003.31	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6077
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1003.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1305.67
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 20 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C

C00524454

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Mailing Address 325 SPRINGSIDE DR

City

AKRON

State

OH

Zip Code

44321

Amount

83.60

Transaction ID : SE.6078

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type

004

Office Sought:

☐ House

State: RI

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

83.60

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Mailing Address 325 SPRINGSIDE DR

City

AKRON

State

OH

Zip Code

44321

Amount

361.72

Transaction ID : SE.6079

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type

004

Office Sought:

☐ House

State: SC

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

361.72

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

445.32

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 21 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

FEC IDENTIFICATION NUMBER ▼

C C00524454

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount

62.41

Transaction ID : SE.6080

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004Office Sought: ☐ House State: SD
☐ Senate District: 00
☒ PresidentCheck One: ☐ Support ☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

62.41

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

INFOCISION MANAGEMENT CORP

Date

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount

493.65

Transaction ID : SE.6081

Purpose of Expenditure
VOTER CONTACT CALLSCategory/
Type 004Office Sought: ☐ House State: TN
☐ Senate District: 00
☒ PresidentCheck One: ☐ Support ☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARAK HUSSEIN OBAMA

Calendar Year-To-Date Per Election
for Office Sought

493.65

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

556.06

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 22 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00524454 </div>	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 1881.02	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6082
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought 1881.02			
Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 194.69	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6083
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought 194.69			
(a) SUBTOTAL of Itemized Independent Expenditures.....		2075.71	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date MM / DD / YYYY 09 / 19 / 2012	
[Electronically Filed]			

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 23 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 50.30	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6084
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: VT District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 50.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 627.52	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6085
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: VA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 627.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	677.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature

[Electronically Filed]

Date

MM / DD / YYYY
09 / 19 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 24 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 527.53	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6086
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: WA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 527.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 147.81	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6087
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: WV District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 147.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	675.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 19 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 25 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><div>M M M</div><div>/</div><div>D D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date <div style="display: flex; justify-content: space-around;"> <div><div>M M M</div><div>/</div><div>D D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div style="display: flex; justify-content: space-between;"><div></div><div>440.81</div></div>	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6088
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: flex; justify-content: space-between;"><div></div><div>440.81</div></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date <div style="display: flex; justify-content: space-around;"> <div><div>M M M</div><div>/</div><div>D D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div style="display: flex; justify-content: space-between;"><div></div><div>43.54</div></div>	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6089
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: flex; justify-content: space-between;"><div></div><div>43.54</div></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	484.35
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature

[Electronically Filed]

Date

M M M

/

D D D

/

Y Y Y Y Y Y

FEC Schedule E (Form 24/48) Rev. 07/2011

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 26 OF 26
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 09 / 18 / 2012	
Mailing Address 325 SPRINGSIDE DR		Amount 51.53	
City AKRON	State OH	Zip Code 44321	Transaction ID : SE.6090
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: DC District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 51.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	51.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	23888.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 19 / 2012